

MULTIPLE DEPEN.  
CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

CLAIM

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			
	IND.		DEP.		IND.			IND.		IND.		IND.			
	1		1		1		1		51		51		51		51
2			1						52						
3			1						53						
4			1						54						
5			1						55						
6			1						56						
7			1						57						
8			1						58						
9			1						59						
10			1						60						
11			1						61						
12			1						62						
13			1						63						
14			1						64						
15			1						65						
16			1						66						
17			1						67						
18			1						68						
19			1						69						
20			1						70						
21			1						71						
22			1						72						
23			1						73						
24			1						74						
25			1						75						
26			1						76						
27			1						77						
28			1						78						
29			1						79						
30			1						80						
31			1						81						
32			1						82						
33			1						83						
34			1						84						
35			1						85						
36			1						86						
37			1						87						
38			1						88						
39			1						89						
40			1						90						
41			1						91						
42			1						92						
43			1						93						
44			1						94						
45			1						95						
46			1						96						
47			1						97						
48			1						98						
49			1						99						
50			1						100						
TOTAL IND.	1														
TOTAL DEP.															
TOTAL CLAIMS	10														